

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

595741

FILING DATE

6-16-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL	3					
TOTAL	46					
TOTAL	49					

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	NO.		DEF.		NO.		DEF.		NO.		DEF.	
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